

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM 100-73

SERIAL NO.
10/658625

FILING DATE

APPLICANT(S)

2/2/75

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			/				51					
2			/				52					
3			/				53					
4			/				54					
5			/				55					
6			/				56					
7			6				57					
8							58					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			/				TOTAL IND.					
TOTAL DEP.			/				TOTAL DEP.					
TOTAL CLAIMS			12				TOTAL CLAIMS					